



STD PAM

February 15, 2006 Surveillance and Data Management

Location & Time:

When: Wednesday, 02/15/06, from 1:00 PM to 3:00 PM

Where: Corporate Square; Building 1; Conference Room 2102

Attendees:

Greg Pierce	NCHSTP	404-639-8356	gvp1@cdc.gov
Marvin Fleming	NCHSTP	404.639.8352	mqf6@cdc.gov
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Peter Kerndt	LA County DHS	(512) 533-3032	pkerndt@ladhs.org
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Thomas Lee	Alabama Public Health	(205) 206-5350	thomaslee@adph.state.al.us
Venie Lee	Hawaii department of health	(808) 733-9281	mvlee@camhmis.health.state.hi.us
Wayne Harris	NMDOH	(505) 461-2610	robert.harris@state.nm.us
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Bruce Nowak	CDC		nowakb@michigan.gov
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Patricia Villegas	Michigan Dept. of Community Health		villegasp@michigan.gov
Ernest Labier	New York State		
Patricia Blackman	NH Public Health		pblackman@dhhs.state.nh.us
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Tasha Hurley	SAIC	770-986-3550	dcx4@cdc.gov
Larry Rimmer	SAIC	770-452-3960	evo0@cdc.gov

Sabrina Walton	SAIC	770-936-3649	syw9@cdc.gov
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Handouts for This Meeting:

- STD Session 1 Presentation

Discussion Highlights and Decisions:

- **Open Action Items**

- N/A

- **Key Activities**

- Findings from the Session

- Active Surveillance includes:
 - The process of determining if there are cases in the field
 - Checking up on laboratories and providers to ensure they are reporting their cases appropriately.
- The local public health departments do not want the system to specifically differentiate between passive and active surveillance, but do want to know the activity associated with the creation of a case.
- A positive lab test is not always an indication of a new case of a disease – this is especially true for syphilis.
- Lab reports have been coming in and counting as new morbidity when that person's case has been counted already.
- Case management should be based on where the patient received care/diagnosis (interview and follow-up jurisdiction)
- Morbidity reporting should be based on where the patient resides. (morbidity jurisdiction)
- Lab reports can be coded values or numeric.
- Syphilis definitely has confirmatory tests. Others might but some public health departments may accept presumptive test results without confirmation.

- Requirements/Requests – **This is NOT a formal requirements document and these are functionality requests only. Functionality will be finalized in a formal requirements document at a later date.**

- Provide the ability to keep track of the visitation schedule for a specific provider or facility.
- Public health representatives expressed a desire to have the system either display a recommended course of action or recommend a course of action when a case meets certain criteria but allow for the user to confirm or override that recommendation or action.
- The system needs to be aware that a lab report may be part of an ongoing investigation.
- Provide a configurable reactor grid for each disease supported by the system.
- Provide the ability to set priority of a case based on age, gender, and pregnancy status. (This might be in the requirements already – just noting here for documentation purposes.)

- Action Items:
 - o N/A

Next Project Meeting:

- The next meeting is scheduled for **Wednesday, March 1, 2006** from 1pm-3pm, Corporate Square, Building 1, Conference Room #2102. The room will be available for setup at 12:30p (30 minutes prior to kickoff) and for 30 minutes after proposed 3pm end time for the teleconference.
- **Note the topic for the next meeting is Reports. User Profiles will be discussed at the March 8th meeting.**